



# Population Health Tiers:

OPPORTUNITIES FOR HEALTH PLAN SUPPORT OF COLORADO'S  
LOCAL PUBLIC HEALTH AGENCIES

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# 3 Historical Missions of Public Health

- 1) Assure population health:
  - e.g. Tobacco control, auto safety, fluoridation
- 2) Deliver care that controls contagious disease
  - e.g. Tuberculosis, STDs, Hepatitis
- 3) Deliver care to those who would otherwise go without:
  - e.g. Family planning, immunizations, screenings

# Challenges and Opportunities for Public Health under the ACA

## Opportunities

- Increased coverage and access
- Coverage for preventive services
- Payment reform - reward outcomes not volume
- Practice transformation
- Prevention and Public Health Fund

## Challenges

- Public funders withdraw resources
- Billing challenges divert Public Health's attention
- Insurance enrollment needs divert Public Health attention
- Large numbers remain uninsured - gaps remain

# Question

**Q:** How can health plans and LPHAs form collaborative relationships in which plan resources underwrite effective LPHA activities?

**A:** Four tiers of opportunity

# Methods

- ▶ Semi-structured interviews with 5 of 55 total local public health agencies
  - ▶ Urban: Boulder, Denver
  - ▶ Rural: Mesa, Northeast CO
  - ▶ Frontier: Kit Carson
- ▶ Presentation at CDPHE with feedback from plans

# Tier 1: Traditional Public Health Clinical services

Description: Immunizations, family planning, screenings, STD, Contagious disease

Potential issues: LPHA capacity/willingness, Competition with local health care, Volume too small in some communities, Workforce/provider credentials, lots of contract details

# Tier 1 Examples

- ▶ RIZO Project: Large expansion of LPHAs that bill private health plans for immunizations
- ▶ Northeast Colorado Health Department has immunization and family planning services contracts with Anthem/Blue Cross Blue Shield, Cigna, CHP+/Colorado Access, Colorado Choice, Medicaid, Medicare, and Rocky Mountain Health Plan

## Tier 2: Expanded public health clinical services

Description: Cessation counseling; Depression screening, referral, counseling; Diabetes Prevention; Obesity counseling and management; Outreach/community-based screening

Potential Issues: Same as Tier 1; and Health plan skepticism/uncertainty about ROI

# Tier 2 Examples

- ▶ Kit Carson County Diabetes Prevention Program and other chronic disease self-management programs
  - ▶ 2 health plan contracts
  - ▶ Employer-based outreach screening and refer patients to these classes and appropriate providers
- ▶ Boulder County's GENESIS/GENESISTER unintended pregnancy programs for teen mothers and their sisters
  - ▶ Counseling, support services, and active case management

## Tier 3: Public health partnering to expand the traditional clinical care team

Description: Patient Navigators, Community Health Workers, Eligibility and enrollment in social services; health educators, Nurse-Home Visitation, Peer advocates, Care coordinators

Potential issues: Same as Tier 2; Doesn't fit with Fee-for-service model; Some interventions might seem limited to Medicaid populations

# Tier 3 Examples

- ▶ Colorado Heart Healthy Solutions
  - ▶ Community Health Workers achieve improvements in diet, weight, blood pressure, lipids and Framingham Risk Score
- ▶ Rocky Mountain Health Plans and Northwest Colorado Visiting Nurse Association's Community Care Team
  - ▶ Locally effective case management

## Tier 4: Population health initiatives that improve the health of all

Description: Media campaigns targeted to healthy living; Community organizing; Policy & environmental changes such as clean indoor air, sugar-sweetened beverages, tobacco initiation among youth

Potential issues: Same as Tier 3; Classic Public Goods problem (nonrival; nonexcludable good); Primary prevention not been a payer responsibility

# Tier 4 Examples

- ▶ Healthy Mesa County
  - ▶ Community Organizing for Strong Families, Positive Relationships, Active Communities, and Health Care Access
- ▶ Denver Public Health
  - ▶ Engage community stakeholders for policy changes

# Issues to consider

- Ensure ability of local public health to direct these efforts in alignment with local public health improvement plans
- Involve medical homes in planning to prevent unnecessary expansion of clinical services
- Possibility of contribution to a local public health prevention fund

# Stakeholders

- ▶ Health Plans, Colorado Association of Health Plans
- ▶ CDPHE
- ▶ Health Care Policy and Finance
- ▶ Connect for Health CO
- ▶ Division of Regulatory Agencies
- ▶ Colorado Association of Local Public Health Officials
- ▶ Colorado Association of Family Physicians
- ▶ Colorado School of Public Health

# Health Plan Meeting Takeaways

- ▶ Align macro-level population health planning between LPHAs, health plans, and hospitals
- ▶ Present LPHA products with more concrete value propositions
- ▶ How can public health work with provider communities to enhance outcomes in their value-based payments?
- ▶ Cost-drivers and public health sweet-spot—Social determinants of health?
- ▶ Disagreements on public health expertise in data arena—how can plans pay for public health data?
- ▶ Explore legal incentives for partnering
- ▶ Unify 55 LPHAs under one vendor so plans can easily pick and choose based on what services are offered where